



PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application Number

09/812,593

Filing Date

March 21, 2001

First Named Inventor

Hisanori ITOH

Art Unit

2615

Examiner Name

T. V. Ho

Attorney Docket Number

325772023300

ENCLOSURES (Check all that apply)☒ Fee Transmittal Form☐ Fee Attached☒ Amendment/Reply☒ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please
Identify below):

Return Receipt Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

MORRISON & FOERSTER LLP

Signature

Printed name

Adam Keser

Date

August 8, 2005

Reg. No.

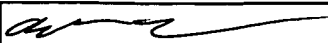
54,217

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/812,593
		Filing Date	March 21, 2001
		First Named Inventor	Hisanori ITOH
		Examiner Name	T.V. HO
TOTAL AMOUNT OF PAYMENT (\$) 450.00		Art Unit	2615
		Attorney Docket No.	325772023300

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
2. EXCESS CLAIM FEES																					
						<table border="1"> <tr> <th></th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </table>			Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180		
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_____ - 3 = _____	x _____	= _____																			
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table border="1"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>_____ - 100 = _____</td> <td>/50</td> <td>_____ (round up to a whole number)</td> <td>x _____</td> <td>= _____</td> </tr> </table>						Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____ - 100 = _____	/50	_____ (round up to a whole number)	x _____	= _____						
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_____ - 100 = _____	/50	_____ (round up to a whole number)	x _____	= _____																	
4. OTHER FEE(S)																					
Other (e.g., late filing surcharge): <u>1251 Extension of Time within second month</u>						<u>450.00</u>															

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	54,217
Name (Print/Type)	Adam Keser	Telephone	(703) 760-7301
		Date	August 8, 2005